



"Arts in the hands"
22 - 29 July 2010

Website: www.ens.it/cqsi/eudycc2010
Email: eudycc2010@gmail.com

LEADER APPLICATION + 21 years old

You must be at least 21 years of age. Leader's responsibilities are (but not limiting to): caring for your country campers, supervising during camp, and participating in recreational activities.

NAME AND LAST NAME

DATE OF BIRTH (day/month/year)

GENDER

Female Male

STREET ADDRESS

POSTAL CODE / CITY

COUNTRY

EMAIL ADDRESS

GSM NUMBER (include country code)

T-SHIRT SIZE

S M L XL

ID or PASSAPORT NUMBER

CAN SWIM?

YES NO

SPECIAL DIETS:

- No special diets
 Lactose-free
 Gluten-free
 Diabetic
 Vegetarian
 OTHER, what? _____

- I am responsible for all insurances needed for the travel and stay.
- I understand and accept that my Deaf Youth Association / Deaf Association will screen and select applicants, who will go and represent my country at 1st EUDY Camp Children in Italy. There, I hand my application to my Deaf Youth Association / Deaf Association.
- I authorize movies and pictures that it will appear my image in the taken at 1st Eudy Camp Children 2010, from 22 to 29 July 2010, allowing the dissemination of their images.

date and place

Leader's signature

date and place

Stamp

President National Association Deaf Youth
or General Secretary's signature